

(FOR OFFICIAL USE ONLY)

## COMPLAINT OF UNLICENSED ACTIVITY



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

In order for the Department of State, Division of Professional Regulation to initiate an investigation of possible violations of the licensing, registration or certification laws and regulations of the State of Delaware by an unlicensed individual, the complainant must complete all pages of this form. Complaints should be typewritten or clearly printed in black or blue ink.

Please state the facts briefly, clearly and with specificity. Be sure to submit any documents you have to support your complaint. Sign this form (optional) and return it to the Division of Professional Regulation, Attn: Investigative Supervisor, Cannon Building, 861 Silver Lake Blvd, Suite 203, Dover, Delaware 19904-2467. \*Please note: If you do not complete this section you will not be notified of the outcome of the investigation.

**\*\*The Division of Professional Regulation has no jurisdiction over criminal violations related to unlicensed boxing/sporting events, gambling/gaming events or adult entertainment. These reports of alleged criminal activity should be made to the appropriate local or State Police agency.**

### IDENTIFY THE UNLICENSED PRACTICE YOU ARE REPORTING:

(Example: plumbing, electrical etc.)

#### A. YOUR INFORMATION (OPTIONAL)

LAST NAME			FIRST	MIDDLE INITIAL
STREET ADDRESS				
CITY		STATE	ZIP CODE	
HOME PHONE		WORK PHONE		
EMAIL ADDRESS, IF ANY				
ARE YOU WILLING TO APPEAR AT A HEARING IF NECESSARY?				
YES _____ NO _____				

#### B. NAME/ADDRESS OF WITNESS, IF ANY

LAST NAME			FIRST	MIDDLE INITIAL
STREET ADDRESS				
CITY		STATE	ZIP CODE	
HOME PHONE		WORK PHONE		
EMAIL ADDRESS, IF ANY				
If needed, is this witness willing to support your complaint by appearing at a hearing? YES _____ NO _____ UNKNOWN _____				

**NOTE: If additional witnesses are available, list names, addresses & other pertinent data in a manner similar to above on regular paper.**

#### C. NAME/ADDRESS OF WITNESS, IF ANY

LAST NAME			FIRST	MIDDLE INITIAL
STREET ADDRESS				
CITY		STATE	ZIP CODE	
HOME PHONE		WORK PHONE		
EMAIL ADDRESS, IF ANY				
If needed, is this witness willing to support your complaint by appearing at a hearing? YES _____ NO _____ UNKNOWN _____				

#### D. NAME/ADDRESS OF WITNESS, IF ANY

LAST NAME			FIRST	MIDDLE INITIAL
STREET ADDRESS				
CITY		STATE	ZIP CODE	
HOME PHONE		WORK PHONE		
EMAIL ADDRESS, IF ANY				
If needed, is this witness willing to support your complaint by appearing at a hearing? YES _____ NO _____ UNKNOWN _____				

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### SUBJECT OF COMPLAINT INFORMATION

**E. PERSON ABOUT WHOM YOU ARE COMPLAINING\*\***

LAST NAME		FIRST	MIDDLE INITIAL
STREET ADDRESS			
CITY		STATE	ZIP CODE
PHONE (INCLUDE AREA CODE)			
LICENSE/REGISTRATION/CERTIFICATE TYPE/NUMBER IF KNOWN			
PROFESSION OF LICENSEE/IF ANY			
EMAIL ADDRESS, IF ANY			

**F. BUSINESS INVOLVED, IF ANY\*\***

LAST NAME			FIRST	MIDDLE INITIAL
STREET ADDRESS				
CITY			STATE	ZIP CODE
PHONE (INCLUDE AREA CODE)				
PROPRIETOR				
TYPE OF BUSINESS				
EMAIL ADDRESS, IF ANY				

**\*\*REQUIRED INFORMATION-** A separate form is required for each individual/business.

**G. DESCRIPTION OF COMPLAINT\*\***

**Please describe your complaint in detail below. List services provided by the unlicensed individual. Attach copies of related documents and paperwork obtained. Include in your complaint the dates, times and locations where offenses are alleged to have occurred and the nature of your complaint. If you need more space, please use additional sheets of paper.**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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**G. CONTINUED FROM PAGE 2**This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**H. SIGNATURE** \_\_\_\_\_(OPTIONAL)

DATE\*\* \_\_\_\_\_

**For more information on the complaint process or to view the laws, rules and regulations of a specific board or commission, please visit the Division of Professional Regulation's website at [www.dpr.delaware.gov](http://www.dpr.delaware.gov)**